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## Committee for Political Action (PAC) Registration Form

M.

MAY 1 6 2002

Slaw of Nevada

Print or type the follow	wing information; complete both sides of this registration form:	
REGISTRATION: (check one) XX	New registration Amended registration (if amended list reason)	
REASON FOR AMENDMEN	NT: Change in officers Change resident agent Other	
NAME OF COMMITTEE:	CONCERNED PHYSICIANS OF NEVADA (CPON)	
Mailing Address:	1930 VILLAGE CENTER CIRCLE, SUITE #3-175	
	LAS VEGAS NV 89134	
	City State	Zip
Telephone Number: 702-258-8	Facsimile Number: 702-258-1529	
Email Address: executive-com cpon.org	mittee Website Address: _www.cpon.org	
	which the political action committee was organized.)	
Grass roots organization	formed to participate in political process on	
issues primarily affection	ng medicine, physicians and patients.	
RESIDENT AGENT: (Pursuant t	to NRS 294A.260, each committee for political action must appoint and keep e a natural person who resides in the State of Nevada.)	
Name of Resident Agent:	MICHAEL G. ALONSO	
Mailing Address:	100 WEST LIBERTY STREET, 12th FLOOR	_ _^
_	RENO NV 89501	
	City State Zip	_
Telephone Number: 775-786-50	000 Facsimile Number: 775-786-1177	
Email Address:	Website Address:	
ACCEPTANCE (	OF APPOINTMENT BY RESIDENT AGENT	
I, MICHAEL G. ALONS	, hereby accept appointment as Resident Agent for the	
above named committee for pol		
MIL, N.	<b>~</b> / <sub>1</sub> /	
Signature of Resident Agent	5/13/02	
9	Date	

Address 1930 Village Center Circle, Ste. 3-175
City/State/Zip Las Vegas, NV 89134
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offiliated with any other organizations, list the name and address
Addusan
Address:

None		
Submitted By: Robert S. Wynn		
Robert B. McBeath, MD. Name of representative of group	5 2 02 Date	

Send Completed Form to: SECRETARY OF STATE 101 NORTH CARSON STREET #3

CARSON CITY, NEVADA 89701-4786 PHONE: (775) 684-5705 FAX: (775) 684-5718

Prescribed by Secretary of State NRS 294A,230 EL400 (rev. 12/01)